

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

017295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	2					
49	2					
50	2					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*	*
IND.	DEP.	IND.	DEP.	IND.
51	2			
52	2			
53	2			
54	2			
55	2			
56	2			
57				
58				
59				
60				
61				
62				
63				
64				
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92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	19			
TOTAL DEP.	73			
TOTAL CLAIMS	92			